

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

HEPATITIS A

VACCINES TO PREVENT HEPATITIS A

The purpose of this resolution is to consolidate all of the previous resolutions pertaining to hepatitis A vaccine into a single resolution. This resolution does not make any substantive changes to any of those previous resolutions, except the following:

- 1. The groups “Persons traveling to countries that have high or intermediate endemicity of infection” and “Persons in States, and communities or counties where the average annual hepatitis A rate during 1987-1997 was at least 10/100,000 population” were added to the list of eligible groups.*
- 2. Clarification of the minimum interval.*
- 3. Contraindications and precautions to the administration of hepatitis A vaccine were added.*

VFC resolutions 6/95-2, 6/95-3, and 6/96-1 are repealed and replaced by the following:

Eligible Groups

All persons 2 through 18 years of age who meet one of the following conditions:

Persons traveling to countries that have high or intermediate endemicity of infection: All susceptible children traveling to countries that have high or intermediate hepatitis A virus endemicity should be vaccinated before departure.

Children living in communities with high rates of hepatitis A virus infection and periodic outbreaks of hepatitis A: Routine vaccination of young children, and accelerated implementation of catch-up vaccination of older children, should be used to prevent or control ongoing outbreaks in these communities. Included in these communities are children of migrant workers.

Men who have sex with men: Sexually active homosexual and bisexual adolescents should be vaccinated.

Drug users: Vaccination is recommended for persons who are injecting drug users and persons who use non-injection street drugs if local epidemiologic data indicate that such groups are at risk of hepatitis A virus infection.

Persons with clotting factor disorders: Susceptible persons who receive clotting factor concentrates, especially solvent detergent treated preparations, should be vaccinated.

Persons with chronic liver disease: Susceptible persons with chronic liver disease, including persons awaiting or having undergone liver transplantation should be vaccinated.

Persons in communities with hepatitis A outbreaks: Hepatitis A vaccination can be used for the control of outbreaks of hepatitis A in communities.

Persons in States and communities or counties where the average annual hepatitis A rate during 1987-1997 was at least 10/100,000 population.

Recommended Hepatitis A Vaccine Schedule

| Vaccine† | Age | Number Doses | Schedule* |
|---------------------------------|-----------|--------------|----------------|
| HAVRIX® (Pediatric formulation) | 2-18 yrs. | 2 | 0, 6-12 months |
| VAQTA® (Pediatric formulation) | 2-17 yrs. | 2 | 0, 6-18 months |
| VAQTA® (Adult formulation) | 18 yrs. | 2 | 0, 6 months |

† Use of brand names is not meant to preclude the use of other hepatitis A vaccines.
 * 0 months represents timing of the initial dose; subsequent numbers represent months after the initial dose.

Catch-Up Vaccination
 In high rate communities, the ACIP recommends catch-up vaccination of previously unvaccinated older children to prevent epidemics of hepatitis A. The highest priority should be given to vaccination of children prior to school entry, followed by vaccination of school-aged children. Catch-up vaccination should be accomplished within 5 years of initiation of routine childhood vaccination programs. The upper age for catch-up vaccination should be determined using the age-specific rates of hepatitis A or seroprevalence data if available. Vaccination is not warranted in age groups with the lowest rates of disease because the prevalence of immunity is high (e.g., adults).

Dosage Intervals

| Vaccine | Minimum age for first dose | Minimum interval from dose 1 to 2 |
|---------------------------------|----------------------------|-----------------------------------|
| HAVRIX® (Pediatric formulation) | 2 years | 6 months |
| VAQTA® (Pediatric formulation) | 2 years | 6 months |
| VAQTA® (Adult formulation) | 18 years | 6 months |

Recommended Dosages

Refer to product package inserts.

Contraindications and Precautions

The following conditions are contraindications to administration of Hepatitis A vaccine:

- Allergy to vaccine components**
Anaphylactic reaction to the vaccine or a constituent of the vaccine.
- Acute, moderate or severe illnesses with or without fever**
- History of hypersensitivity reactions to alum or, in the case of HAVRIX®, to the preservative 2-phenoxyethanol.**

The following condition is a precaution to the administration of Hepatitis A vaccine:

- Pregnancy**
The safety of hepatitis A vaccination during pregnancy has not been determined; however, because hepatitis A vaccine is produced from inactivated HAV, the theoretical risk to the developing fetus is expected to be low. The risk associated with vaccination should be weighed against the risk for hepatitis A in women who may be at high risk for exposure to HAV.

Adopted and Effective: February 18, 1999
